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Original Research Paper

ENT

GLOSSOPHARYNGEAL SCHWANNOMA PRESENTING AS TONSILLAR FOSSA MASS: A RARE CASE

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ABSTRACT Schwannomas are rare, slow growing, usually solitary, benign nerve sheath tumours originating from ectodermal Schwann cells1. Head and neck schwannomas usually involve vestibulocochlear nerve and only one percent involve oral cavity2 and only few cases involving tonsillar fossa are reported globally1. FNAC Is unreliable for diagnosis in these cases. Biopsy is the investigation of choice for arriving at diagnosis. CECT scan and MRI is the appropriate imaging modality and complete Surgical excision is the treatment of choice.

KEYWORDS : Schwannoma, Glossopharyngeal Nerve, Tonsillar Fossa

CASE REPORT

A 23 year old female patient presented with chief complaints of Right tonsillar fossa mass for past three years. It was insidious onset and slow growing mass associated with Dysphagia and on and off pain. On examination, Right side tonsil was pushed medially and anteriorly. There was no history of any alteration in taste sensation, nasal regurgitation or voice change. Examination of nose and nasopharynx was normal and there was no neck node palpable. There is no history of trauma or prior ENT surgery. Preoperative CECT scan shows well encapsulated lesion in right tonsillar fossa suggestive of schwannoma and MRI suggested that it arising from Glossopharyngeal nerve. Patient was planned for excision of schwannoma under General Anaesthesia. In toto excision of schwannoma was done under GA and specimen sent for HPE. Post op was uneventful and patient is recovered well. HPE reported as schwannoma.

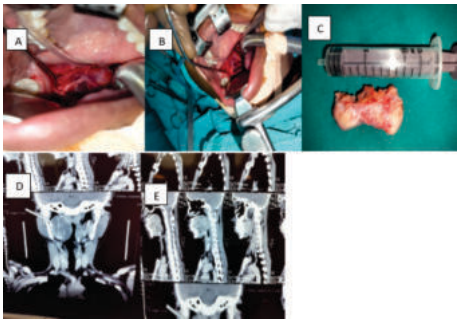

Fig1. A,B: Intraoperative pictures of right tonsillar fossa mass
Fig1. C: Excised tumour specimen
Fig1. D,E: Radiological image of mass

DISCUSSION

Schwannomas are rare, slowly growing, usually solitary benign nerve sheath tumours originating from ectodermal Schwann cells[1]. 25-48% occur in head and neck region[3].Malignant transformation is extremely rare in sporadic schwannoma[4] but can be noted if associated with Neurofibromatosis type 1[5]. Schwannoma is a rare cause of benign swelling of tonsil usually in patients between ages 20-50 years. Tonsillar schwannomas are presumed to arise from branch of Glossopharyngeal nerve and mostly they are unilateral[6]. There are no recognised risk factors. Symptoms are mostly Dysphagia with occasional obstructive sleep apnoea and no obvious respiratory obstruction[7]. Bleeding is uncommon whereas paraesthesia along the nerve distribution, foreign body sensation in throat , odynophagia and snoring are occasionally reported[7,8]. Macroscopically schwannomas can reach the size up to 5-5.5cm[8].

Histologically schwannomas are composed of Antoni A and B areas. Antoni A areas consist of spindle cells in rows with palisading nuclei (verrucae bodies). Antoni B is hypocellular area with disorderly arrangement[1]. CT is being used as a first line to asses tonsillar schwannomas describing a well described mass with heterogenicity and hypo vascularity[6,7,1]. However MRI is gold standard in diagnosis with 100%efficacy[9]. Gold standard treatment is usually by total surgical excision and wide excision is not needed due to benign nature of the disease. Schwannomas are radioresistant and therefore radiotherapy plays no role[10].

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